


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90204 033 ****50.00

DOCUMENT # L03000030013 1. Entity Name SKO REAL ESTATE I, LLC	
--	---

Principal Place of Business 1110 NORTH 9TH AVENUE PENSACOLA, FL 32501	Mailing Address 1110 NORTH 9TH AVENUE PENSACOLA, FL 32501
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, SUSAN
1110 NORTH 9TH AVENUE
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, JOHN L 1110 NORTH 9TH AVENUE PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, SUSAN 1110 NORTH 9TH AVENUE PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan K O'Connor 31607 8504709555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SUSAN KOCONNOR